

Are You Sure of Your Eyesight?



THE LIONS CLUB OF WINNIPEG

in co-operation with the

WINNIPEG MEDICAL SOCIETY

cordially invite you to visit a

FREE GLAUCOMA CLINIC

Friday, May 8th, 1959

HUDSON'S BAY COMPANY
SIXTH FLOOR (Next to the Paddle Wheel)
10 A.M. TO 9 P.M.

"Be Thankful You Can See"

GLAUCOMA

by J. H. GROVE, MD.,

Chief, Blindness Control Division,
Department of National Health and Welfare.

Glaucoma is one of our gravest eye problems. At the present time, the disease is not preventable. If untreated it leads to blindness. If treated in time, the vision can be saved for years of life. The incidence of Glaucoma is much higher than was supposed. Recently, it has been found that about two in every 100 persons over age 40 have the disease, often unknown to themselves. So much Glaucoma has been neglected that the disease accounts for 12 per cent of all blindness. The main reason for this is that the common chronic form of Glaucoma has no early symptoms. Unless the disease is picked up early by a medical eye specialist (ophthalmologist) by means of tests, the Glaucoma is usually not diagnosed until the patient seeks advice because of failing vision.

Glaucoma usually starts first in one eye and later involves the other. The disease occurs rarely in infancy and childhood, but becomes fairly common after the age of 40 and reaches its highest incidence between the ages of 50 and 70.

Since the disease can best be checked by early diagnosis and

treatment before symptoms are noticeable, it is advisable that everyone over 40 should have a complete eye examination by an ophthalmologist frequently, some authorities say every two years. If Glaucoma or other early disease is found, appropriate treatment can be given. If no disease is found, reassurance can be given.

The eye is a hollow sphere mostly filled with fluid under enough tension to keep it from collapsing from atmospheric pressure. There is a shallow space in front of the lens and iris filled with a clear watery nutrient fluid, the aqueous. Behind the lens the bulk of the eye is filled with a jelly like fluid, the vitreous. The aqueous is constantly formed in the eye and returns to the blood through channels in the eye wall near where the transparent cornea merges with the white of the eye. In Glaucoma, the aqueous drainage channels become partially closed and the fluid pressure in the eye rises. This pressure is communicated back through to the vitreous on to the retina. The retinal nerve cells receive light rays and send impulses to the brain which are in-

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terpreted there as vision. The increased fluid pressure in Glaucoma gradually destroys the retinal nerve cells, first, those which serve side or peripheral vision, and later the cells which provide for frontal or central vision. Eventually, if untreated, Glaucoma results in a hard, painful, blind eye.

Broadly speaking, there are two types of primary adult Glaucoma: Acute (narrow angle) and chronic (wide angle). The chronic wide angle form is not the result of repeated acute attacks but is chronic from the start.

Acute Glaucoma is characterized by either mild or severe attacks. Sometimes even the first attack is severe. Mild attacks may only cause slight blurring of vision for hours or days, with or without eye pain, and the patient often does not consult a doctor or specialist.

A severe attack will, or should, bring the patient to the ophthalmologist at once. There will be sudden loss of vision, with eye pain and inflammation, and general illness, perhaps with vomiting. Immediate treatment within hours of onset is essential if vision is to be saved. Too often, such cases have been wrongly treated with disastrous results because an ophthalmologist was not consulted.

Chronic Glaucoma, which comprises 90 per cent of all cases, has no early symptoms. This disease is about ten times as difficult to diagnose in its early stages as acute Glaucoma, and only an ophthalmologist can make the diagnosis.

Symptoms do not occur until the disease has progressed for months or years. The patient then may or may not notice that his side vision is narrower than it once was. He may notice that it is more difficult to adjust his eyes to the dark and that colored rings may be seen around lights at night. The eyes may seem tired and heavy. Eventually, the central vision diminishes in spite of change of glasses.

Such symptoms do not necessarily mean that Glaucoma is present but they mean that some eye trouble has developed which requires an ophthalmologist's attention.

The treatment of all types of Glaucoma is directed toward lowering the abnormally high fluid pressure of the eyes. This is done by means of special eye drops which open the aqueous drainage channels, assisted often by a new medicine which will slow up the formation of aqueous. In addition, operations may be done to open new drainage channels.

In severe acute Glaucoma the treatment must be vigorous and immediate, within hours of onset. It is now generally agreed by ophthalmologists that a drainage operation should be done in acute Glaucoma after the eye tension has been lowered by medical means. Successful surgery will keep the drainage channels open and will prevent future attacks.

In chronic Glaucoma the mainstay of treatment is the daily use of eye drops which must be continued for life, or until some better treatment is discovered. In some cases a

drainage operation is done if the eye drops do not control the Glaucoma.

The problem is to get Glaucoma patients to come to an ophthalmologist and to persuade the patients to continue their eye drops and their periodic visits to the ophthalmologist. Too many patients stop their treatment because they can see no immediate change in their eye condition. Afterwards, but too late, they discover that stopped treatment ends in blindness.

The Blindness Control Division has assisted provincial authorities and ophthalmologists since 1950 in setting up Glaucoma clinics, for needy patients, financed by the National Health Grants Program. The clinics are in: Saint John, Quebec City, Montreal (3 clinics), Toronto,

London, Ottawa, Winnipeg, Saskatoon, and Vancouver. More clinics are needed.

In addition, all out-patient eye departments of general hospitals are treating Glaucoma patients. The main task of diagnosis and treatment of Glaucoma is, however, borne by the more than 400 ophthalmologists in private practice in Canada. Altogether, these doctors are treating hundreds of Glaucoma patients, but other hundreds and maybe thousands are not being treated and are not aware that they have early Glaucoma. Too many already have late Glaucoma and are blind.

A word to the wise should be sufficient. Get your eyes examined every couple of years by an ophthalmologist.

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WE HOPE THAT YOU WILL COME.**

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